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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

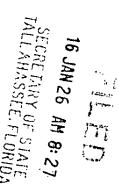
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JAN 27 2016 J SHIVERS





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 22, 2016

Order#: 943942/069

Re: TS BARRETT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: TS BARRETT, L	LC			
2 (2) (C/O 301 East Las Olas Boulevard		(b) C/O 301 East Las Olas Boulevard		
	(4)	Principal office address of limited liability company:	_ (0)		Nailing address of limited liability company:	
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
		Suite 800		Suite 800		
		Fort Lauderdale FL 33301	<u>.</u>	Fort Laud	lerdale, FL 33301	
		03/21/2013		L1300004	2745	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Robert, Esposito				
<i>J</i> .	(a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	:	
				•		
	301 E. Las Olas Blvd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Registered Office Address (MUST BE FLORIDA STREET A	IDDKESS/		ALI SE	
		7th Floor			4. C	
		Fort Lauderdale , FL	33301		JAN 26 RETAR AHASS	
					i m i≺ i	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			# و ان لت-	
		Enter name of NEW Registered Agent and/or NEW Registered	Office and	ress;		
		1201 Unio Street			RIDE 23	
		1201 Hays Street NEW Registered Office Address:			>	
		NEW registered office Address.				
		Tallahassee ,FL	32301			
th ag wa	e cha ent v as/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability con of the limi	tered office npany, it is ted liability	and the business office of the registered thereby confirmed that the change(s) to company or as otherwise provided in	
_		() 26 -	Dona	a Priebe, Au	uthorized Person	
	Signa	the a member or authorized representative of a member			Printed or typed name of signee	
pr th to	ovisi e obl merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ree to act performa d for in C hereby co	in this capa nce of my a hapter 605, nfirm that t	ncity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
_		Drace 2-Kuby	DV C	D 1711	Los Assistanta AMISS De la Constitución	
3	gnatu	re of Registered Agent Corporation Service Company	BY: GI	ace E. Kir	by, Assistant Vice President	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00